



Rich Danker <rich@lonestarccommittee.com> on 03/21/2016 04:46:34 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc:

Subject: Amended Form 9 reports

In response to requests for additional information for Form 9 filings for the Lone Star Committee (ID: C30002364), please find attached the amended Form 9's as well as a letter of explanation requested from Mr. Bradley Austin. For any inquiry to this message, I can be reached at this email or by phone at 202-320-1800. Thank you,

Rich Danker



LONE STAR
COMMITTEE

(512)-710-9821

1108 Lavaca St., #110-146



Austin, TX 78701LSC FEC letter-signed.pdf LoneStarCommfecfrm9 NH-amended.pdf fecfrm9 NV-amended.pdf



fecfrm9 SC-amended.pdf

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LONE STAR
COMMITTEE

Bradley Austin
Reports Analysis Division
Federal Election Commission

March 21, 2016

Mr. Austin,

In response to your letter regarding the Lone Star Committee's [Identification number C30002364] Form 9 received 2/10/2016:

- The amended Form 9 for the period is included in this submission, with correction to the signature field and inclusion of the person exercising control of the disbursement per your letter's request
- Due to an administrative error, the report was filed after the electioneering communication for the New Hampshire primary was made. I apologize for this mistake and subsequent Form 9 submissions have been in compliance with the 24-hour reporting requirement.

Thank you for attention to this matter, and please contact me should further explanation or clarification be needed.

Sincerely,

Rich Danker

Founder, Lone Star Committee
1400 Key Blvd., Suite 100
Arlington, VA 22209
(202)-320-1800
rich@lonestarcommittee.com

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FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Lone Star Committee

(b) Address (number and street) check if different than previously reported

1400 Key Blvd., Suite 100

(c) City, State and ZIP Code

Arlington, VA 22209

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement



or



Amended

4. Covering Period

12

11

2015

through

02

02

2016

5. (a) Date of Public Distribution(s)

02

01

2016

(b) Communication Title

"Gold"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name

Rich Danker

(b) Address (number and street)

1400 Key Blvd., Suite 100

(c) City, State and ZIP Code

Arlington, VA 22209

(d) Name of Employer or Principal Place of Business

Lone Star Committee

(e) Occupation

Executive Director

9. Total Donations This Statement

143,500.00

10. Total Disbursements/Obligations This Statement

48,665.39

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Rich Danker

SIGNATURE

Rich Danker

DATE

03/21/16

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of 52 U.S.C. §30109

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Sean Fieler</p> <p>Mailing Address of Donor 623 5TH AVE FL 27</p> <p>City State Zip NEW YORK NY 10022-6831</p>	<p>Date of Receipt 02 / 02 / 2016</p> <p>Amount 12,000.00</p>
<p>B. Full Name of Donor Andrew Blackmon</p> <p>Mailing Address of Donor 7479 Fox Chase Dr</p> <p>City State Zip Trinity, North Carolina 27370</p>	<p>Date of Receipt 01 / 29 / 2016</p> <p>Amount 2,500.00</p>
<p>C. Full Name of Donor Keith White</p> <p>Mailing Address of Donor 7837 Main Hwy</p> <p>City State Zip Saint Martinville LA 70582</p>	<p>Date of Receipt 01 / 11 / 2016</p> <p>Amount 25,000.00</p>
<p>D. Full Name of Donor Grant Avery</p> <p>Mailing Address of Donor 15543 South Frontage Rd</p> <p>City State Zip Plainfield IL 60544</p>	<p>Date of Receipt 12 / 22 / 2015</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Industrial Performance Group</p> <p>Mailing Address of Donor PO Box 99</p> <p>City State Zip Thomasville NC 27361</p>	<p>Date of Receipt 12 / 17 / 2015</p> <p>Amount 100,000.00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>140,500.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p></p>

2016-01-29 10:00:00 AM

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Elliott Curson Advertising		Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016
Mailing Address of Payee 1900 Rittenhouse Square		Amount 38,400.00
City Philadelphia, PA 19103	State PA	Zip Code 19103
Name of Employer Occupation		Communication Date MM / DD / YYYY 02 / 01 / 2016
Purpose of Disbursement (Including title(s) of communication(s)) Radio commercial: "Gold"		
Name of Federal Candidate Ted Cruz	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NH</u> District: _____ Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
B. Full Name (Last, First, Middle Initial) of Payee		Date of Disbursement or Obligation MM / DD / YYYY
Mailing Address of Payee		Amount
City	State	Zip Code
Name of Employer		Occupation
Purpose of Disbursement (Including title(s) of communication(s))		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		38,400.00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		48,665.39

CONVERSION LINE POSITION

